

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	9/10/01
FORMALITY REVIEW	H-5	866	10-15-01
RESPONSE FORMALITY REVIEW	MD	JCN	02/25/02

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	03	04
2	✓	03	04
3	✓	03	04
4	✓	03	04
5	✓	03	04
6	✓	03	04
7	✓	03	04
8	✓	03	04
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45	✓	03	04
46	✓	03	04
47	✓	03	04
48	✓	03	04
49	✓	03	04
50	✓	03	04

Claim	Final	Original	Date
51	✓	03	04
52	✓	03	04
53	✓	03	04
54	✓	03	04
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92	✓	03	04
93	✓	03	04
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95	✓	03	04
96	✓	03	04
97	✓	03	04
98	✓	03	04
99	✓	03	04
100	✓	03	04

Claim	Final	Original	Date
101	✓	03	04
102	✓	03	04
103	✓	03	04
104	✓	03	04
105	✓	03	04
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140	✓	03	04
141	✓	03	04
142	✓	03	04
143	✓	03	04
144	✓	03	04
145	✓	03	04
146	✓	03	04
147	✓	03	04
148	✓	03	04
149	✓	03	04
150	✓	03	04

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

50 781
9225-02
829
10/15